Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint C	case):
1.	Your full name			
	Write the name that is on	Carol		
	your government-issued picture identification (for	First name	First name	
	example, your driver's	D.		
	license or passport).	Middle name	Middle name	
	Bring your picture	Couch		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years	•		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	xxx-xx-2232		
	(ITIN)			

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)			
		EINS	EINs			
5.	Where you live	13503 Mansfield Street Detroit, MI 48227	If Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Wayne	County			
		County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6. Why you are choosing this district to file for bankruptcy		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7					
	on our and on the under						
		☐ Ch	napter 11				
		☐ C	napter 12				
		■ Cl	napter 13				
3.	How you will pay the fee		about how yo	u may pay. Typio attorney is subm	cally, if you are paying the fee yo	k with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with	
					allments. If you choose this optio (Official Form 103A).	n, sign and attach the Application for Individuals to Pay	
			I request that but is not requapplies to you	t my fee be wai uired to, waive your family size and	ved (You may request this option our fee, and may do so only if you d you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ital Form 103B) and file it with your petition.	
 9.	Have you filed for	_					
,.	bankruptcy within the last 8 years?	■ No					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
0.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
1.	Do you rent your residence?	■ No	. Go to li	ne 12.			
	residence.	☐ Ye	s. Has yo	ur landlord obtai	ned an eviction judgment agains	t you and do you want to stay in your residence?	
				No. Go to line 1	2.		
				V		Judgment Against You (Form 101A) and file it with this	

Par	Report About Any Bu	sinesses `	You Own	as a Sole Propriet	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of bus	iness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Stat	e & ZIP Code	
	it to this petition.	Check the appropriate box to describe your business:		the appropriate box	x to describe your business:	
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))	
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recen as small business debtor, you must attach your most recen operations, cash-flow statement, and federal income tax return or if any of these documents do in 11 U.S.C. 1116(1)(B).		a small business debtor, you must attach your most recent balance sheet, statement o	of			
	For a definition of small	■ No.	I am not filing under Chapter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy	,
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code	e.
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or Any	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs			iate attention is why is it needed?		
	immediate attention?		nocu c u,	wity is it fieeded!		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?		
					Number, Street, City, State & Zip Code	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

6/02/17 1:54PM

Debtor 1 Carol D. Couch Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **2**5,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you \square \$1,000,001 - \$10 million **\$0 - \$50,000** □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carol D. Couch Signature of Debtor 2 Carol D. Couch Signature of Debtor 1 Executed on May 23, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Bar number & State

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ JACK E	BERMAN	Date	May 23, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
JACK BEF	RMAN		
Printed name			
Berman &	Bishop, PLLC		
Firm name			
24405 Gra	tiot		
Eastpointe	e, MI 48021		
Number, Street,	City, State & ZIP Code		
	(586) 775-0600 (Bishop)		bermanbishop@gmail.com or
Contact phone	(586) or 779-6000 (Berman)	Email address	JackBerman72@gmail.com
P-10737			

Certificate Number: 01401-MIE-CC-029308430



CERTIFICATE OF COUNSELING

I CERTIFY that on May 24, 2017, at 4:14 o'clock PM EDT, Samer Hana received from GreenPath, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 24, 2017 By: /s/Jeremy Lark for Heather Cummings

Name: Heather Cummings

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

						6/02/17 1:54PM
Fill	in this inforr	mation to identify your	case:			
Deb	tor 1	Carol D. Couch	A			
Deh	otor 2	First Name	Middle Name	Last Name		
1	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Cas	e number					
(if kn	own)				_	if this is an ded filing
		<u>rm 106Sum</u>				
				nd Certain Statistical Information		12/15
infor	mation. Fill original for	out all of your schedul	es first; then complete th	are filing together, both are equally responsible fee information on this form. If you are filing amend the box at the top of this page.		
					Your as Value o	ssets of what you own
1.	Schedule A 1a. Copy lin	VB: Property (Official Force 55, Total real estate, force 55, Total real	orm 106A/B) rom Schedule A/B		\$	77,000.00
	1b. Copy lin	e 62, Total personal pro	perty, from Schedule A/B		\$	27,894.00
	1c. Copy lin	e 63, Total of all propert	y on Schedule A/B		\$	104,894.00
Part	2: Summ	arize Your Liabilities				
						abilities t you owe
2.			laims Secured by Property nn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	98,150.00
3.			Unsecured Claims (Officia 1 (priority unsecured claim	I Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy th	ne total claims from Part	2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F	\$	29,226.00
				Your total liabilities	\$	127,376.00
Part	3: Summ	arize Your Income and	Expenses			
4.		Your Income (Official Fo		1	\$	5,030.25
5.	Schedule Ja Copy your r	Your Expenses (Official monthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	3,513.25
Part	4: Answe	er These Questions for	Administrative and Stati	stical Records		
6.	-	• • •	er Chapters 7, 11, or 13? on this part of the form. C	heck this box and submit this form to the court with yo	our other sch	nedules.
	■ Vos					

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Carol D. Couch

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,223.25

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	1,319.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,319.00

	n this inform	nation to identify yo	ur case and th	s filing:					
				s ming.					
Deb	or 1	Carol D. Couch	Niddle	Name Last Name					
Deb									
(Spou	se, if filing)	First Name	Middle	Name Last Name					
Unite	ed States Ban	kruptcy Court for the	EASTERN	DISTRICT OF MICHIGAN					
Case	e number								Check if this is ar amended filing
Sc n eac	hedule th category, se it fits best. Be	as complete and acc	ribe items. List a	n asset only once. If an asset fits in . If two married people are filing tog eet to this form. On the top of any a	ether, both are e	qually respor	nsible for su	ıpplyir	ng correct
Part Do		· · · · · · · · · · · · · · · · · · ·		er Real Estate You Own or Have an					
	No. Go to Part Yes. Where is								
•				What is the property? Check all that	apply				
□	Yes. Where is 13503 Man	the property?		What is the property? Check all that Single-family home	apply	Do not deduc	ct secured cla	aims o	r exemptions. Put
□	Yes. Where is 13503 Man	the property?				the amount o	of any secured	d clain	r exemptions. Put ns on Schedule D: cured by Property.
□	Yes. Where is 13503 Man Street address, if	the property? sfield Street available, or other descript	ion	■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile hom		the amount o Creditors Wh	of any secured no Have Clain ne of the	d clain ns Sed Cur	ns on Schedule D: cured by Property.
•	Yes. Where is 13503 Man Street address, if	the property? sfield Street available, or other descript	ion 8227-0000	■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile hom □ Land		Current valuentire prope	of any secured to Have Clain to Have Clain to Have Clain to Have of the cirty?	d clain ns Sed Cur	ns on Schedule D: cured by Property. rrent value of the tion you own?
□	Yes. Where is 13503 Man Street address, if	the property? sfield Street available, or other descript	ion	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile hom Land Investment property Timeshare Other	e	Current valuentire prope \$77 Describe the (such as fee	of any secured to Have Clain the of the crity? 7,000.00 e nature of ye simple, tens	d clain ms Sec Cur por	ns on Schedule D: cured by Property.
□	Yes. Where is 13503 Man Street address, if	the property? sfield Street available, or other descript	ion 8227-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile hom Land Investment property Timeshare Other Who has an interest in the proper	e	Current valuentire prope \$77 Describe the (such as fee a life estate) Fee Simp	of any secured to Have Claim the of the crty? 7,000.00 e nature of ye simple, tena, if known. le Absolu	Cur por cour or ancy I	rent value of the tion you own? \$77,000.00 wnership interest by the entireties, or Subject to
□	Yes. Where is 13503 Man Street address, if Detroit City	the property? sfield Street available, or other descript	ion 8227-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile hom Land Investment property Timeshare Other Who has an interest in the proper	e	Current valuentire prope \$77 Describe the (such as fee a life estate)	of any secured to Have Claim the of the crty? 7,000.00 e nature of ye simple, tena, if known. le Absolu	Cur por cour or ancy I	rent value of the tion you own? \$77,000.00 wnership interest by the entireties, or Subject to
•	Yes. Where is 13503 Man Street address, if	the property? sfield Street available, or other descript	ion 8227-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile hom Land Investment property Timeshare Other Who has an interest in the proper	ty? Check one	Current valuentire prope \$77 Describe the (such as fee a life estate) Fee Simple Mortgage	of any secured to Have Claim the of the of the orty? 7,000.00 e nature of your simple, tend, if known. le Absolu - Sole Ov f this is com	Cur por cour or ancy I	rent value of the tion you own? \$77,000.00 whership interest by the entireties, or
	Yes. Where is 13503 Man Street address, if Detroit City Wayne	the property? sfield Street available, or other descript	ion 8227-0000	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile hom Land Investment property Timeshare Other Who has an interest in the proper Debtor 1 only Debtor 2 only Debtor 2 only	e ty? Check one	Current valuentire prope \$77 Describe the (such as fee a life estate) Fee Simple Mortgage	of any secured to Have Claim the of the of the orty? 7,000.00 e nature of your simple, tend, if known. le Absolute - Sole Ov f this is computations)	Cur por cour or ancy I	rent value of the tion you own? \$77,000.00 whership interest by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debt	or 1 Carol D. Couch		Case number (if known)	
3. Ca	rs, vans, trucks, tractors, sport utility	vehicles, motorcycles		
	No			
_	Yes			
_	165			
3.1	Make: Dodge	Who has an interest in the property? Check one		d claims or exemptions. Put
0.1	Model: Journey	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year: 2017	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 7000		entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	when not in use this vehicle is		\$21,869.00	\$21,869.00
	stored at Location: 13503 Mansfield	☐ Check if this is community property (see instructions)	Ψ21,000.00	ΨΕ1,003.00
	Street, Detroit MI 48227			
3.2	Make: GMC	Who has an interest in the property? Check one		d claims or exemptions. Put
	Model: Yukon	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year: 2002	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 175000		entire property?	portion you own?
	Other information:	At least one of the debtors and another		
	used by LaKisha Thornton,		\$1,350.00	\$1,350.00
	daughter of debtor	Check if this is community property (see instructions)	Ψ1,000.00	Ψ1,000.00
3.3	Make: Ford	Who has an interest in the property? Check one		d claims or exemptions. Put
0.0	Model: Focus	■ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year: 2002	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 200000		entire property?	portion you own?
	Other information:	☐ At least one of the debtors and another		
	when not in use this vehicle is		\$600.00	\$600.00
	stored at Location: 13503 Mansfield	☐ Check if this is community property (see instructions)		, , , , , , , , , , , , , , , , , , ,
	Street, Detroit MI 48227			
	,			
		and other recreational vehicles, other vehicles, a watercraft, fishing vessels, snowmobiles, motorcycle		
	No			
	Yes			
_	103			
			<u> </u>	
5 A (dd the dollar value of the portion you	own for all of your entries from Part 2, including	any entries for	* 00.040.00
.pa	nges you have attached for Part 2. Wr	ite that number here	=>	\$23,819.00
	_			
	Describe Your Personal and Househol			
ро у	ou own or have any legal or equitable	e interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	usehold goods and furnishings kamples: Major appliances, furniture, line No	ens, china, kitchenware		
	Yes. Describe			
		d one children's bedroom set, couch, chair,	dining	
		rigerator, stove and washing machine 503 Mansfield Street Detroit MI 48227		\$2.200.0

Official Form 106A/B

Schedule A/B: Property

Debtor 1	Carol D. Couch	Case number	(if known)
7. Electro Examp □ No	nics les: Televisions and radios; audio, video, stereo, and digital eq including cell phones, cameras, media players, games	uipment; computers, printers, scanner	s; music collections; electronic devices
Yes.	. Describe		
	46 and 32 inch televisions Location: 13503 Mansfield Street, De	etroit MI 48227	\$400.00
Examp	ibles of value eles: Antiques and figurines; paintings, prints, or other artwork; be other collections, memorabilia, collectibles	pooks, pictures, or other art objects; sta	amp, coin, or baseball card collections;
■ No □ Yes.	Describe		
Examp No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipmen musical instruments . Describe	t; bicycles, pool tables, golf clubs, skis	s; canoes and kayaks; carpentry tools;
■ No	ms ples: Pistols, rifles, shotguns, ammunition, and related equipme Describe	ent	
11. Clothe <i>Exam</i> □ No		es, accessories	
	clothes on debtor's person and Location: 13503 Mansfield Street, De	etroit MI 48227	\$850.00
■ No	ry ples: Everyday jewelry, costume jewelry, engagement rings, we Describe	edding rings, heirloom jewelry, watche	s, gems, gold, silver
Exam ■ No	arm animals ples: Dogs, cats, birds, horses Describe		
■ No	ther personal and household items you did not already list. Give specific information	, including any health aids you did ı	not list
	the dollar value of all of your entries from Part 3, including Part 3. Write that number here		\$3,450.00
Part 4: De	escribe Your Financial Assets		
Do you o	wn or have any legal or equitable interest in any of the follo	owing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	oples: Money you have in your wallet, in your home, in a safe de		your petition

Official Form 106A/B

page 3

Schedule A/B: Property

Institution name or individual: ☐ Yes.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No ☐ Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Schedule A/B: Property

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Best Case Bankruptcy

page 4

	btor 1	Carol D. Couch		Case number (if known)	
25	Truete	equitable or future interests in pro-	perty (other than anything listed in line 1),	and rights or nowars avarais	able for your benefit
	■ No	equitable of future interests in prop	perty (other than anything listed in line 1),	and rights of powers exercis	able for your beliefft
		Give specific information about them			
	Ехатр		crets, and other intellectual property , proceeds from royalties and licensing agree	ments	
	■ No □ Yes.	Give specific information about them.			
	Examp	es, franchises, and other general in les: Building permits, exclusive license	tangibles es, cooperative association holdings, liquor lic	censes, professional licenses	
	■ No □ Yes.	Give specific information about them			
Ma	nov or i	property owed to you?			Current value of the
IVIC	ліеу от р	oroperty owed to you:			portion you own? Do not deduct secured claims or exemptions.
	_	unds owed to you			
	■ No □ Yes.	Give specific information about them, i	including whether you already filed the return	s and the tax years	
29.		support			
	■ No	wes. Past due of lump sum allmony, sp	oousal support, child support, maintenance, d	iivorce settiement, property sett	iement
		Give specific information			
30.		Imounts someone owes you bles: Unpaid wages, disability insuranc benefits; unpaid loans you made	ee payments, disability benefits, sick pay, vacato someone else	ation pay, workers' compensati	on, Social Security
	■ No □ Yes.	Give specific information			
		ts in insurance policies			
	Examp ■ No	oles: Health, disability, or life insurance	e; health savings account (HSA); credit, home	owner's, or renter's insurance	
		Name the insurance company of each	policy and list its value.		
		Company name		iciary:	Surrender or refund value:
	If you a	erest in property that is due you fro are the beneficiary of a living trust, exp ne has died.	om someone who has died beet proceeds from a life insurance policy, or a	are currently entitled to receive	property because
	■ No □ Yes.	Give specific information			
		against third parties, whether or no les: Accidents, employment disputes,	ot you have filed a lawsuit or made a dema insurance claims, or rights to sue	ind for payment	
		Describe each claim			
	Other o	contingent and unliquidated claims	of every nature, including counterclaims of	of the debtor and rights to set	off claims
	_	Describe each claim			
	_ `	ancial assets you did not already lis	st		
	■ No □ Yes.	Give specific information			

Official Form 106A/B Schedule A/B: Property page 5

					6/02/17 1:54PI
Deb	tor 1	Carol D. Couch		Case number (if known)	
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here	, ,	, ,	\$625.00
Part	5: Des	scribe Any Business-Related Property You Own or Have an Intere	st In. List any real esta	ate in Part 1.	
37. D	o you c	own or have any legal or equitable interest in any business-related	d property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You on our on have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. [o you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes.	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		have other property of any kind you did not already list? oles: Season tickets, country club membership			
	No	·			
	l Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$77,000.00
56.	Part 2	2: Total vehicles, line 5	\$23,819.00		
57.	Part 3	3: Total personal and household items, line 15	\$3,450.00		
58.	Part 4	l: Total financial assets, line 36	\$625.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	3: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	': Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$27,894.00	Copy personal property to	stal \$27,894.0 0
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$104,894.00

Fill in this information to identify your case:						
Debtor 1	Carol D. Couch					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case number _						
(if known)				☐ Check if this is an amended filing		

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Рα	identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.					
	☐ You are claiming state and federal nonbank	cruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	■ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Check only one box for each exemption.						
	13503 Mansfield Street Detroit, MI 48227 Wayne County	\$77,000.00		\$1,471.00	11 U.S.C. § 522(d)(1)				
	residence of debtor Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2002 GMC Yukon 175000 miles	\$1,350.00		\$1,350.00	11 U.S.C. § 522(d)(2)				
	used by LaKisha Thornton, daughter of debtor Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit					
	2002 Ford Focus 200000 miles when not in use this vehicle is stored	\$600.00		\$600.00	11 U.S.C. § 522(d)(5)				
	at Location: 13503 Mansfield Street, Detroit MI 48227 Line from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit					
	one adult and one children's bedroom set, couch, chair, dining	\$2,200.00		\$2,200.00	11 U.S.C. § 522(d)(3)				
	room set, refrigerator, stove and washing machine Location: 13503 Mansfield Street, Detroit MI 48227 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B				
	16 and 32 inch televisions Location: 13503 Mansfield Street,	\$400.00	=	\$400.00	11 U.S.C. § 522(d)(3)	
[Detroit MI 48227 Line from Schedule A/B: 7.1			of fair market value, up to plicable statutory limit		
	clothes on debtor's person and Location: 13503 Mansfield Street,	\$850.00		\$850.00	11 U.S.C. § 522(d)(3)	
	Detroit MI 48227 Line from Schedule A/B: 11.1			of fair market value, up to plicable statutory limit		
	Cash on debtor's person in the from Schedule A/B: 16.1	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)	
-	and from Gareage A.B. 19.1			of fair market value, up to plicable statutory limit		
	Checking and savings: Chase in the from Schedule A/B: 17.1	\$400.00	.	\$400.00	11 U.S.C. § 522(d)(5)	
	ane nom <i>Schedule A.B.</i> TTT			of fair market value, up to plicable statutory limit		
	Checking: Comerica ine from Schedule A/B: 17.2	\$100.00	.	\$100.00	11 U.S.C. § 522(d)(5)	
-	and from Garedale Arb. 11.2			of fair market value, up to plicable statutory limit		
	Checking and savings: Alliance	\$75.00		\$75.00	11 U.S.C. § 522(d)(5)	
-	ine from Schedule A/B: 17.3			of fair market value, up to plicable statutory limit		
	Are you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No	3 years after that for ca	ses filed on o	·		
[Yes. Did you acquire the property coverNo	ed by the exemption wi	hin 1,215 day	s before you filed this case	?	
	Yes					

Fill in this in	formation to identify you	r case:			
Debtor 1	Carol D. Couch				
Dobtor 1	First Name	Middle Name Last Name			
Debtor 2					
(Spouse if, filing)	First Name	Middle Name Last Name			
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN			
Casa numba					
(if known)				☐ Check	if this is an
				_	led filing
O#: E	4000				
	orm 106D				
Schedu	le D: Creditors	Who Have Claims Secure	ed by Property	1	12/15
	y the Additional Page, fill it o	f two married people are filing together, both are out, number the entries, and attach it to this form.			
1. Do any credi	tors have claims secured by	your property?			
☐ No. Ch	neck this box and submit th	nis form to the court with your other schedules.	You have nothing else to	report on this form.	
Yes. F	ill in all of the information b	pelow.			
Part 1: Lis	st All Secured Claims				
2. List all secu	red claims. If a creditor has n	nore than one secured claim, list the creditor separate	Column A	Column B	Column C
for each claim.	If more than one creditor has	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 Chrysl	er Capital	Describe the property that secures the claim:	\$21,869.00	\$21,869.00	\$0.00
Creditor's	Name	2017 Dodge Journey 7000 miles			
		when not in use this vehicle is			
		stored at Location: 13503 Mansfield Street,			
Attn. E	Pankruptov Dont	Detroit MI 48227			
	Bankruptcy Dept. ox 660335	As of the date you file, the claim is: Check all that			
	, TX 75266-0335	apply. Contingent			
Number, S	Street, City, State & Zip Code	☐ Unliquidated			
		Disputed			
Who owes the	e debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 on	ly	An agreement you made (such as mortgage or s	secured		
Debtor 2 on	•	car loan)			
_	d Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	of the debtors and another is claim relates to a	☐ Judgment lien from a lawsuit	e money security reco	orded on title	
communit		Other (including a right to offset)	e money security rect	naea on title	
Date debt was	incurred 2017	Last 4 digits of account number 5317	<u> </u>		
2.2 Midlan	d Mortgage			_	
Compa	_	Describe the property that secures the claim:	\$75,529.00	\$77,000.00	\$0.00
Creditor's	Name	13503 Mansfield Street Detroit, MI 48227 Wayne County			
Custor	ner Service Dept.	residence of debtor			
P.O. B	ox 26648	As of the date you file, the claim is: Check all that apply.			
Oklaho	oma City, OK 73126	Contingent			
Number, S	Street, City, State & Zip Code	Unliquidated			
Who ower th	o doht? Objectives	Disputed			
_	e debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 on	•	An agreement you made (such as mortgage or s car loan)	securea		
Debtor 2 on	ly d Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
	So dobtoro dria driotrici	caagmont non non a lawout			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Carol D. Couch		Case nu	umber (if know)		
First Name Mic	ddle Name Last Name	-	_		
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage			
Date debt was incurred 2009	Last 4 digits of account numb	er <u>4006</u>			
2.3 Synchrony Bank / Art	Describe the property that secures the	he claim:	\$752.00	\$200.00	\$552.00
Creditor's Name	consumer furniture				
Attn: Bankruptcy Dept P.O. Box 960061 Orlando, FL 32896-0061	As of the date you file, the claim is: (apply.	Check all that			
Number, Street, City, State & Zip Code					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as n car loan)	nortgage or secured			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mec	hanic's lien)			
☐ At least one of the debtors and anoth	her Uudgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Purchase Money	Security		
Date debt was incurred 2015	Last 4 digits of account numb	er <u>4687</u>			
			#00.456.00	1	
-	in Column A on this page. Write that numb add the dollar value totals from all pages.	per here:	\$98,150.00		
Write that number here:	add the donar value totals from all pages.		\$98,150.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

					6/02/17 1:54F	
Fill in this in	nformation to identify your	case:				
Debtor 1	Carol D. Couch					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)) First Name	Middle Name	Last Name			
United State	s Bankruptcy Court for the:	EASTERN DISTRICT OF	FMICHIGAN			
Case number	er					
(if known)					☐ Check if this is an	
					amended filing	
Official F	orm 106E/F					
	e E/F: Creditors W	ho Have Unsecu	red Claims		12/15	
Schedule G: E Schedule D: C left. Attach the name and cas	xecutory Contracts and Unexp creditors Who Have Claims Sec e Continuation Page to this pag e number (if known).	ired Leases (Official Form 10 ured by Property. If more sp e. If you have no information	06G). Do not include ace is needed, copy t	any creditors with partially s the Part you need, fill it out,	Property (Official Form 106A/B) and on secured claims that are listed in number the entries in the boxes on the op of any additional pages, write your	
	ist All of Your PRIORITY Un					
_ `	reditors have priority unsecure	u ciaiiis agairist you?				
	o to Part 2.					
Yes.	ist All of Your NONPRIORIT	V Unsecured Claims				
	reditors have nonpriority unsec					
			urt with wave ather ash	adula a		
_	ou have nothing to report in this p	art. Submit this form to the cot	int with your other sche	edules.		
Yes.						
unsecure		for each claim. For each clair	n listed, identify what t	ype of claim it is. Do not list cla	or has more than one nonpriority aims already included in Part 1. If more laims fill out the Continuation Page of	
					Total claim	
4.1 Alli	ance Catholic Credit Uni	on Last 4 digits	of account number	0538	\$3,694.00	
930	oriority Creditor's Name O Cooper Street	When was th	e debt incurred?	2015		
Num	ber Street City State Zlp Code incurred the debt? Check one.	As of the dat	As of the date you file, the claim is: Check all that apply			
	Pebtor 1 only	☐ Contingen	t			
	Debtor 2 only	☐ Unliquidat	ed			
	□ Debtor 1 and Debtor 2 only □ Disputed					
ПА	☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community ☐ Student loans					
	debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				nat you did not	
	<u> </u>					
			ecify Personal L		·-	
ЦY	ট ১	■ Other. Spe	ecity i el solial Li	- Juli		

Debtor	1 Carol D. Couch	Case number (if know)			
4.2	Ally	Last 4 digits of account number	1823	\$525.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 130424 Saint Paul. MN 55113-0004	When was the debt incurred?	2014		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes	Other. Specify Auto Loan			
4.3	American Express Nonpriority Creditor's Name	Last 4 digits of account number	1001	\$425.00	
	P.O. Box 981535 El Paso, TX 79998-1535	When was the debt incurred?	2015		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify Credit Card			
4.4	Best Buy Credit Services	Last 4 digits of account number	8205	\$133.00	
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 790441	When was the debt incurred?	2015		
	Saint Louis, MO 63179 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply		
	Who incurred the debt? Check one.	•	,		
	■ Debtor 1 only	☐ Contingent			
	□ Debtor 2 only □ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐Yes	■ Other. Specify Credit Card	l		

Debtor	1 Carol D. Couch		Case number (if know)	
4.5	Botsford Anesthesiologist Nonpriority Creditor's Name	Last 4 digits of account number	7837	\$52.00
	P.O. Box 64000 DWR 641581	When was the debt incurred?	2016	
	Detroit, MI 48264-0001 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separ report as priority claims ☐ Debts to pension or profit-sharing	ation agreement or divorce that you did not	
	■ No □ Yes	Other. Specify Medical care	•	
4.6	Capital One	Last 4 digits of account number	0836	\$473.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 5155 Norcross, GA 30091	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ation agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharing ☐ Other. Specify Credit Card	g plans, and other similar debts	
	163	Other. Specify Ordan Sand		
4.7	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	1814	\$442.00
	Attn: Customer Service P.O. Box 5253 Carol Stream, IL 60197	When was the debt incurred?	2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separ report as priority claims	claim: ation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	■ Other, Specify Credit Card		

Debtor 1 Carol D. Couch		Case number (if know)				
4.8	Capital One	Last 4 digits of account number	0293	\$1,183.00		
	Nonpriority Creditor's Name P.O. Box 30287 Salt Lake City, UT 84130-0287	When was the debt incurred?	2014			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.9	Chase Nonpriority Creditor's Name	Last 4 digits of account number	2454	\$891.00		
	Attn: Bankruptcy Dept. P.O. Box 15299	When was the debt incurred?	2013			
	Wilmington, DE 19850-5299 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	_	_				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	L. L. C.			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans				
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharin				
	☐ Yes	Other Specify Credit Card	<u> </u>			
4.1	Chase	Last 4 digits of account number	1785	\$1,494.00		
	Nonpriority Creditor's Name	_				
	Attn: Bankruptcy Dept. P.O. Box 15299 Wilmington, DE 19850-5299	When was the debt incurred?	2014			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only ☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	J			
	■ No	\square Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify Credit Card	I			

Debt	or 1 Carol D. Couch		Case number (if know)			
4.1 1	City Of Detroit	Last 4 digits of account number	2232	\$200.00		
	Nonpriority Creditor's Name Revunue Collections Unit 2 Woodward Avenue, Suite 105	When was the debt incurred?	2013			
	Detroit, MI 48226 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Income Tax				
4.1 2	GM Financial	Last 4 digits of account number	2232,3304	\$7,500.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 183853 Arlington, TX 76096	When was the debt incurred?	2014			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Auto Loandamage				
4.1 3	Home Depot Credit Services	Last 4 digits of account number	3047	\$293.00		
	Nonpriority Creditor's Name P.O. Box 6405 Sioux Falls, SD 57117-6405	When was the debt incurred?	2015			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Debtor 1 and Debtor 2 only ☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharin				
	Yes	■ Other. Specify Credit Card				

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Carol D. Couch	Case number (if know)	
IRS Centralized Insolvency	2222	\$440.00
Operation Nonpriority Creditor's Name	Last 4 digits of account number 2232	\$440.00
PO Box 7346	When was the debt incurred? 2013	
Philadelphia, PA 19101		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt	Obligations arising out of a separation agreement or divorce that you	u did not
s the claim subject to offset?	report as priority claims	
No .	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Income Tax	
JC Penneys/Synchrony Bank	Last 4 digits of account number 8221	\$2,980.00
Nonpriority Creditor's Name		
PO Box 965060	When was the debt incurred? 2013	
Orlando, FL 32896-5060 Iumber Street City State Zlp Code	As of the date year file the plain in Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
_		
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community ebt	_	
s the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that yor report as priority claims 	u did not
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify Charge Account	
K. Jordan	Last 4 digits of account number 21B2	\$52.00
Nonpriority Creditor's Name Customer Service	When was the debt incurred? 2014	
913 First Avenue Chippewa Falls, WI 54729		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that yo	ou did not
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Card	

Debto	Carol D. Couch			
4.1	Kohl's	Last 4 digits of account number	0121	\$572.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 3043	When was the debt incurred?	2014	
	Milwaukee, WI 53201-3043 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card		
4.1	Liberty Lending Nonpriority Creditor's Name	Last 4 digits of account number	2232	\$1.00
	P.O. Box 1000 Wilmington, OH 45177	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separ	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Personal Lo		
4.1	Liberty Medical Supply Company		59RA	\$53.00
9	Liberty Medical Supply Company Nonpriority Creditor's Name	Last 4 digits of account number		\$33.00
	PO Box 404991 Atlanta, GA 30384-4991	When was the debt incurred?	2017	
	Number Street City State ZIp Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separ	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical sup	pplies	

Debto	r 1 Carol D. Couch	Case number (if know)				
4.2	Macy's	Last 4 digits of account number	3541	\$640.00		
0	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 8053	When was the debt incurred?	2016	Ψ0-10-100		
	Mason, OH 45040 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.2	Michael D. Rebock DO PC	Last 4 digits of account number	1847	\$451.00		
	Nonpriority Creditor's Name 28080 Grand River, Suite 208 North Farmington Hills, MI 48336	When was the debt incurred?	2015			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Medical car				
4.2	Michigan Guaranty Agency	Last 4 digits of account number	9792	\$1,319.00		
	Nonpriority Creditor's Name P.O. Box 30047 Lansing, MI 48909	When was the debt incurred?	2012			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	Пол				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:			
	At least one of the debtors and another	Student loans	. oldiiii.			
	☐ Check if this claim is for a community debt	_				
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	☐ Other. Specify				
		student loa	n			

Debtor 1 Carol D. Couch		Case number (if know)				
4.2	One Main Financial	Last 4 digits of account number	3259	\$1,001.00		
	Nonpriority Creditor's Name Hampton Plaza 1289 N. Telegraph Rd.	When was the debt incurred?	2016			
	Monroe, MI 48162-3368 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	_	Student loans	a oldiiii.			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Personal Lo	oan			
4.2	Progressive Health Care, P.C.	Last 4 digits of account number	9213	\$20.00		
	Nonpriority Creditor's Name 29911 Six Mile Rd. Livonia, MI 48152	When was the debt incurred?	2017			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Medical can	re			
4.2 5	Quest Diagnostic	Last 4 digits of account number	7931	\$37.00		
	Nonpriority Creditor's Name 4444 Giddings Road Billing Department - 60	When was the debt incurred?	2017			
	Auburn Hills, MI 48326 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	At least one of the debtors and another Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	·			
	No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Other. Specify Medical Bil	ls			

Debtor	1 Carol D. Couch	Case number (if know)					
4.2			0005	****			
6	Sam's Club/Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	6905	\$321.00			
	PO Box 530942	When was the debt incurred?	2015				
	Atlanta, GA 30353-0942 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	7.0 0 , , ,	or or one an that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	No	No Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>				
4.2	State of MI Dept. of Treasury		2232	\$300.00			
7	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ300.00			
	Collections Division	When was the debt incurred?	2013				
	P.O. Box 30199						
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.	,	or o				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed					
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a sepa					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharin					
	Yes	Other. Specify State Incom	ne Tax Owed				
4.2	Stoneberry		21C2	\$34.00			
8	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ34.00			
	P.O. Box 2820	When was the debt incurred?	2016				
	Monroe, WI 53566-8020						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	_						
	Debtor 1 only	☐ Contingent ☐ Unliquidated					
	Debtor 2 only						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans					
	At least one of the debtors and another						
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	ration agreement of divorce that you did not				
	No	g plans, and other similar debts					
	Yes	■ Other. Specify Credit Card	I				

1 Carol D. Couch		Case number (if know)	
Target Card Services	Last 4 digits of account number	8565	\$869.00
Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 1581	When was the debt incurred?	2014	
Minneapolis, MN 55440-1581 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	plans, and other similar debts	
Yes	■ Other. Specify Credit Card		
U.S. Small Business Administration Nonpriority Creditor's Name	Last 4 digits of account number	4010	\$2,782.00
801 Tom Martin Drive, Suite 120 Birmingham, AL 35211	When was the debt incurred?	2015	
Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
Check if this claim is for a community debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing	valence and other similar debte	
■ No □ Yes			
La res	Other. Specify Emergency	Tremer Louis	
Walmart Mastercard/Syncb	Last 4 digits of account number	9756	\$49.00
Nonpriority Creditor's Name PO Box 960024 Orlando, FL 32896-0024	When was the debt incurred?	2013	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	S: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	plans, and other similar debts	
Yes	■ Other. Specify Credit Card		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Carol D. Couch		Case number (if know)
Name and Address Attorney General of the State of Michiga Collections & Tax Enforcement Div. 3030 W. Grand Blvd., #10-200 Detroit, MI 48202	On which entry in Part 1 or Part 2 did y Line 4.27 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Attorney General of the State of Michiga	On which entry in Part 1 or Part 2 did y Line 4.22 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Collections & Tax Enforcement Div. 3030 W. Grand Blvd., #10-200 Detroit, MI 48202		— Falt 2. Creditors with Nonpholity offsecured claims
	Last 4 digits of account number	
Name and Address Capital One Attn: Bankruptcy Dept. P.O. Box 5155 Norcross, GA 30091	On which entry in Part 1 or Part 2 did y Line 4.7 of (<i>Check one</i>): Last 4 digits of account number	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Department Stores National Bank / Macy's Bankruptcy Processing P.O. Box 8053 Mason, OH 45040	On which entry in Part 1 or Part 2 did y Line 4.20 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address IC System Inc P.O. Box 64378 Saint Paul, MN 55164-0886		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Julia C. Pidgeon Assistant U.S. Attorney 211 W. Fort Street, Ste. #2001	On which entry in Part 1 or Part 2 did y Line 4.30 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Detroit, MI 48226-3211	Last 4 digits of account number	
Name and Address Michigan Department of Treasury Bankruptcy Unit P.O. Box 30199	On which entry in Part 1 or Part 2 did y Line 4.27 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Lansing, MI 48909	Last 4 digits of account number	
Name and Address One Main Financial Services c/o Robert M. Weiss Attorney 280 N. Old Woodward Birmingham, MI 48009	On which entry in Part 1 or Part 2 did y Line 4.23 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Quest diagnostics PO Box 740020 Cincinnati, OH 45274-0020	On which entry in Part 1 or Part 2 did y Line 4.25 of (<i>Check one</i>): Last 4 digits of account number	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Small Business Administration Mark T. Siophiea, Asst. Dist.	On which entry in Part 1 or Part 2 did y Line 4.30 of (<i>Check one</i>):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

515 McNamara Bldg.

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Carol D. Couch		Case number (if know)
Detroit, MI 48226-2573		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?
Tate & Kirlin Associates	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
2810 Southampton Road Philadelphia, PA 19154		Part 2: Creditors with Nonpriority Unsecured Claims
• ,	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	1,319.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	27,907.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	29,226.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Carol D. Couch			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN	
Case number (if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

					6/02/17 1:54PM
Fill in this i	information to identify your	case:			
Debtor 1	Carol D. Couch				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	EASTERN DISTRICT C	OF MICHIGAN		
Case numb	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
your name a	nd number the entries in the and case number (if known) you have any codebtors? (If	. Answer every question			of any Additional Pages, write
■ No					
☐ Yes					
0 14/:41-	in the leat Overse being very			2 (0	are the area of the outlier to a be about a
	in the last 8 years, have you a, California, Idaho, Louisiana,				states and territories include
=					
	Go to line 3. Did your spouse, former spou	use or legal equivalent live	with you at the time?		
□ 165.	Did your spouse, former spou	use, or legal equivalent live	e with you at the time!		
in line : Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
_	Column 1: Your codebtor ame, Number, Street, City, State and Zl	P Code		Column 2: The cred Check all schedules	litor to whom you owe the debt sthat apply:
3.1				☐ Schedule D, line	
	lame			☐ Schedule E/F, lir	
				☐ Schedule G, line	
N	lumber Street			_	
C	City	State	ZIP Code		
3.2	lama.			_ Schedule D, line	
N	lame			☐ Schedule E/F, lin	
_				☐ Schedule G, line —	
	lumber Street City	State	ZIP Code		
	•				

	ill in this information to identify your case: Debtor 1 Carol D. Couch									
1	btor 2 ouse, if filing)				_					
``	ited States Bankruptcy Court for the	: EASTERN DISTRICT	OF MICHIGAN							
	se number					Chec	k if this is:	:		
(If k	nown)		-				n amende	•		
									g postpetition ollowing date:	
Official Form 106I						MM / DD/ YYYY				
S	chedule I: Your Inc	ome								12/1
spo	plying correct information. If you buse. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing wi	ith you, do not inclu	ıde infor	mati	on about	your spo	ouse. If mo	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filling spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed	☐ Employed			☐ Employed			
			■ Not employed				☐ Not employed			
	employers.	Occupation	Retired							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed to	here?				_			
Pa	rt 2: Give Details About Mor	nthly Income								
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to ι	report for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spouse have more space, attach a separate sheet to		ombine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If	you need
						For Dek	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,		2.	\$		0.00	\$	N/A	-	
3.	. Estimate and list monthly overtime pay.				+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add line 2 + line 3.			4.	\$		0.00	\$	N/A	

				For	Debtor 1	For Debte		
	Сору	line 4 here	4.	\$	0.00	\$	N/A	
5.	liets	all payroll deductions:						
J.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ 	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 		\$	N/A N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$ 	0.00	\$	N/A_ N/A	
	5u. 5e.	Insurance	5a. 5e.	\$ 	0.00	\$	N/A N/A	
	5f.	Domestic support obligations	5e. 5f.	\$ 		\$	N/A	
	5g.	Union dues	5g.	\$ 	0.00	\$	N/A N/A	
	5g. 5h.	Other deductions. Specify:	5g. 5h.+	· : —	0.00	*	N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	<u> </u>	0.00	¢	N/A	
		. ,	7.	\$ 		\$		
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	Φ	0.00	Φ	N/A	
8.	List a	all other income regularly received: Net income from rental property and from operating a business,						
	ou.	profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total		_		_		
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce	90	\$	0.00	\$	N/A	
	84	settlement, and property settlement. Unemployment compensation	8c. 8d.	\$ 	0.00	\$		
	8d.	• •		\$ 	0.00	\$	N/A	
	8e. 8f.	Social Security	8e.	Φ	1,690.00	Φ	N/A	
	01.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance						
		that you receive, such as food stamps (benefits under the Supplemental	•					
		Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	396.25	\$	N/A	
	8h.	Other monthly income. Specify: Foster care subsidy- Orchards	8h.+	\$	886.00	+ \$	N/A	
		Pension		\$	1,412.00	\$	N/A	
		Income tax refund pro rated		\$	90.00	\$	N/A	
		Michigan Remittance		\$	556.00	\$	N/A	
•				•			21/4	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5,030.25	\$	N/A	
10.	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		5 030 25 + \$	N/A	Δ = \$ 5.030.2	, E
10.		•	10. φ		5,030.25 + \$_	IN/A	A = \$ 5,030.2	<u>.</u>
	Add t	he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
11.	Includ	all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your		dents,	your roommates	, and		
		friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	ovojloki	o to n	ay aypanaaa liata	d in Cahad	ulo I	
	Speci	·	avallabi	e to p	ay expenses iisie		uie 5. 	0
						_		\exists
12.		the amount in the last column of line 10 to the amount in line 11. The res						
	applie	that amount on the Summary of Schedules and Statistical Summary of Certaines	rı Liadili	iues al	iu Kelaled <i>Data</i> ,	17 IT	2. \$ 5,030.2	5
	applie							\exists
							Combined	
12	Deve	ou avnoct an increase or decrease within the year after you file this form.	2				monthly income	:
١٥.		ou expect an increase or decrease within the year after you file this form						
	_	No.						\neg
		Yes. Explain:						\perp

						1			
Fill	in this informat	tion to identify yo	our case:						
Deb	tor 1	Carol D. Cou	ıch			Chec	k if this is:		
						_	An amended filing		
	tor 2 ouse, if filing)					_	A supplement show 13 expenses as of t	ving postpetition chap	oter
(Opt	Juse, ii iiiiig)						TO EXPENSES AS OF	ine following date.	
Unit	ed States Bankr	uptcy Court for the:	EASTE	RN DISTRICT OF MICH	HIGAN	7	MM / DD / YYYY		
1	e number								
(lf kı	nown)								
Of	fficial Fo	rm 106J							
Sc	chedule	J: Your I	Exper	ises					12/15
Be a info	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta y questio	. If two married people ich another sheet to th					
Par 1.	Is this a join	ibe Your House it case?	hold						
	■ No. Go to								
			n a separ	ate household?					
	No								
	=	-	st file Offic	al Form 106J-2, Expens	ses for Separate House	ehold of Debt	or 2.		
			_	, ,					
2.	Do you have	e dependents?	☐ No						
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information fo each dependent			Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents				Foster Daught	ter	2	■ Yes	
								□ No	
					Foster Daught	ter	4	Yes	
								☐ No	
								☐ Yes	
								□ No	
2	De veur evm	anasa insluda	_					☐ Yes	
3.	expenses of	enses include f people other tl d your depende		No Yes					
Par	t 2: Estima	ate Your Ongoi	ng Month	ly Expenses					
exp				uptcy filing date unles y is filed. If this is a su					
the	value of such	n assistance and		government assistanc			V		
(Off	ficial Form 10	6I.)					Your expe	enses	
4.		r home owners		ses for your residence or lot.	. Include first mortgage	e 4. \$		0.00	
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a. \$		0.00	
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00	
	4c. Home	maintenance, re	pair, and i	upkeep expenses		4c. \$		150.00	
_		owner's associat				4d. \$		0.00	
5.	Additional n	nortgage payme	ents for yo	our residence, such as	home equity loans	5. \$		0.00	

Official Form 106J

Deb	tor 1	Carol D. Couch	Case num	ber (if k	nown)
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	316.25
	6b.	Water, sewer, garbage collection	6b.	\$	128.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	331.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies		\$	800.00
8.	Child	dcare and children's education costs	8.	\$	45.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	239.00
10.	Pers	onal care products and services	10.	\$ _	125.00
11.	Medi	cal and dental expenses	11.	\$ _	126.00
12.	Tran	sportation. Include gas, maintenance, bus or train fare.		_	
		ot include car payments.	12.	\$	388.00
13.	Ente	rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	65.00
14.	Char	itable contributions and religious donations	14.	\$	5.00
15.	Insu	rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.		0.00
	15b.	Health insurance	15b.	·	125.00
	15c.	Vehicle insurance	15c.	\$	670.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
16.	Taxe Spec	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.	Insta	Illment or lease payments:		· —	0.00
	17a.	Car payments for Vehicle 1	17a.	\$	0.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
	17d.	Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.		
20.	Othe	r real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: Yo	our Inc	ome.
	20a.	Mortgages on other property	20a.	\$	0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify:	21.	+\$	0.00
		'			0.00
22.		ulate your monthly expenses			
		Add lines 4 through 21.		\$_	3,513.25
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,513.25
23.	Calc	ulate your monthly net income.		_	
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,030.25
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,513.25
					·
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,517.00
24.	For ex	ou expect an increase or decrease in your expenses within the year after yo kample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage? o.			
	— 10	ES. LAPIGITITION.			

Debtor 1	Carol D. Couch			
	First Name	Middle Name	Last Name	
ebtor 2	E: AN	ACT III AT		
pouse if, filing)	First Name	Middle Name	Last Name	
nited States Ba	inkruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN	
ase number				
known)				☐ Check if this is an amended filing
·	eople are filing togeth	ner, both are equally respo	Debtor's Scheo	ormation.
ou must file this otaining money	eople are filing togeth	ner, both are equally responding the sankruptcy schedule in connection with a bar	onsible for supplying correct inf	
ou must file this otaining money ears, or both. 18	eople are filing togeth s form whenever you or property by fraud	ner, both are equally responding the sankruptcy schedule in connection with a bar	onsible for supplying correct inf	ormation. g a false statement, concealing property, or
ou must file this otaining money ears, or both. 18	eople are filing togeth s form whenever you or property by fraud 8 U.S.C. §§ 152, 1341	ner, both are equally responer, both are equally responding file bankruptcy scheduled in connection with a band, 1519, and 3571.	onsible for supplying correct inf	ormation. g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20
ou must file this otaining money ears, or both. 18	eople are filing togeth s form whenever you or property by fraud 8 U.S.C. §§ 152, 1341	ner, both are equally responer, both are equally responding file bankruptcy scheduled in connection with a band, 1519, and 3571.	onsible for supplying correct inf s or amended schedules. Makin kruptcy case can result in fines	ormation. g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20
Sign Did you pay	eople are filing togeth s form whenever you or property by fraud 8 U.S.C. §§ 152, 1341	ner, both are equally responer, both are equally responding file bankruptcy scheduled in connection with a band, 1519, and 3571.	onsible for supplying correct inf s or amended schedules. Makin kruptcy case can result in fines	ormation. g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20
Did you pay No Yes. No Under penal	eople are filing togeth s form whenever you or property by fraud 8 U.S.C. §§ 152, 1341 n Below y or agree to pay son	ner, both are equally responer, both are equally responential file bankruptcy scheduled in connection with a bank, 1519, and 3571.	onsible for supplying correct inf s or amended schedules. Makin kruptcy case can result in fines	ormation. g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Did you pay No Yes. N Under penal that they are	eople are filing togeth s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341 n Below y or agree to pay son Name of person	ner, both are equally responer, both are equally responential file bankruptcy scheduled in connection with a bank, 1519, and 3571.	onsible for supplying correct infosor amended schedules. Makinskruptcy case can result in fines write to help you fill out bankrupterney to help you fill out bankrupterney and schedules filed with the X	ormation. g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 otcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Did you pay No Ves. N Under penal that they are X /s/ Caro	eople are filing togeth s form whenever you or property by fraud 8 U.S.C. §§ 152, 1341 n Below y or agree to pay son Name of person lty of perjury, I declar e true and correct.	ner, both are equally responer, both are equally responential file bankruptcy scheduled in connection with a bank, 1519, and 3571.	onsible for supplying correct infosor amended schedules. Makinskruptcy case can result in fines or any to help you fill out bankrupterney to help you fill out bankrupterney and schedules filed with	ormation. g a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 otcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill	in this	information to identify you	ur case:						
Del	otor 1	Carol D. Couch	1						
		First Name	Middle Name		Last Name				
	otor 2 ouse if, filio	ing) First Name	Middle Name		Last Name				
Uni	ted Sta	ates Bankruptcy Court for the	EASTERN DISTRICT	OF MICH	HIGAN				
Cas	se num	ber							
(if kr	nown)						_	neck if this is an	
							an	nended filing	
∩f	ficia	l Form 107							
		nent of Financial	Affairs for Indiv	vidua	Is Filing for B	ankruptcy		4/1	
		plete and accurate as pos					for supp		
info	rmatio	n. If more space is needed known). Answer every que	d, attach a separate sheet						
		,							
Par	rt 1:	Give Details About Your M	larital Status and Where Y	ou Live	d Before				
1.	What	is your current marital stat	tus?						
		Married							
		Not married							
2.	During the last 3 years, have you lived anywhere other than where you live now?								
		No							
	_	es. List all of the places you	lived in the last 3 years. Do	not incl	ude where you live now	٧.			
	Debte	or 1 Prior Address:	Dates Debtor	1	Debtor 2 Prior Ad	Idress:		Dates Debtor 2	
			lived there					lived there	
3. state		n the last 8 years, did you of territories include Arizona, C							
		No							
	_	Yes. Make sure you fill out So	chedule H: Your Codebtors	(Official	Form 106H).				
Par	rt 2	Explain the Sources of Yo	our Income						
_		<u> </u>							
4.	Fill in t	ou have any income from e the total amount of income y are filing a joint case and yo	ou received from all jobs an	d all bus	sinesses, including part	-time activities.	is calend	dar years?	
		No							
	ц Y	es. Fill in the details.							
			Debtor 1			Debtor 2			
			Sources of income Check all that apply.	(be	ross income efore deductions and clusions)	Sources of income Check all that apply.		Gross income (before deductions and exclusions)	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

5.	Did you receive any	other	income	during this :	year or t	he two p	revious	calendar year:	s?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security	\$8,450.00		
	Pension	\$1,980.00		
	Foster Child Income	\$4,430.00		
	Michigan Remittance	\$2,780.00		
For last calendar year: (January 1 to December 31, 2016)	Social Security	\$20,280.00		
	Pension	\$4,752.00		
	Foster Child Income	\$7,760.00		
	Michigan Remittance	\$3,650.00		
For the calendar year before that: (January 1 to December 31, 2015)	Social Security	\$20,280.00		
	Pension	\$4,752.00		
	Foster Child Income	\$6,770.00		
	Michigan Remittance	\$2,970.00		

List Certain Payments You Made Before You Filed for Bankruptcy

☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

^{*} Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

No

☐ Yes Official Form 107

court-appointed receiver, a custodian, or another official?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

page 3

Pai	t 5: List Certain Gifts and Contribution	s								
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and		Describe the gifts	Dates you gave the gifts	Value					
	Address:									
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.									
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value					
Pai	t 6: List Certain Losses									
15.	Within 1 year before you filed for bankrup or gambling? ■ No □ Yes. Fill in the details.	ptcy o	since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster,					
	Describe the property you lost and how the loss occurred	Includ	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost					
Pai	t 7: List Certain Payments or Transfers	6								
16.	consulted about seeking bankruptcy or p	prepari	id you or anyone else acting on your behalf pay on going a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you					
	□ No									
	Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	ou.	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
	GreenPath Debt Solutions 33533 W. 12 Mile Road, Suite 178 Farmington Hills, MI 48331			05/22/17	\$25.00					
17.	promised to help you deal with your cred Do not include any payment or transfer that	ditors o		or transfer any prope	rty to anyone who					
	No☐ Yes. Fill in the details.									
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do no include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer										
	Addres			Description and property transfe		paym	ribe any property or ents received or debts n exchange		ate transfer was ade	
19.	Within benefic	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No								
		s. Fill in the details. of trust		Description and	value of the pro	nerty trans	sferred	D	ate Transfer was	
	Nume	or trust		Description and	value of the pro	porty truit	Sicirod		ade	
Par	t 8: L	ist of Certain Financial Accounts, Ir	nstrur	ments, Safe Depos	it Boxes, and St	orage Unit	ts			
 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unio houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. 							,			
		of Financial Institution and SS (Number, Street, City, State and ZIP		st 4 digits of count number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	I	Last balance before closing or transfer	
21.		now have, or did you have within 1 rother valuables?	year	before you filed fo	or bankruptcy, a	ny safe de	posit box or other depos	itor	y for securities,	
	■ No)								
		s. Fill in the details.								
		of Financial Institution SS (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?	
22.	Have yo	ou stored property in a storage unit	or pla	ace other than you	ır home within 1	year befo	re you filed for bankrupt	cy?		
	■ No									
		s. Fill in the details.		M/h a alaa h aa au	had assess	Dagariba	the contents		Da waw atili	
		of Storage Facility SS (Number, Street, City, State and ZIP Code)		Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?	
Par	t 9: lo	lentify Property You Hold or Contro	l for S	Someone Else						
23.	Do you for som		omeo	ne else owns? Inc	lude any proper	ty you bor	rowed from, are storing	for,	or hold in trust	
	☐ Ye	s. Fill in the details.								
	_	'S Name SS (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City, Code)		Describe	the property		Value	
Par	t 10:	ive Details About Environmental In	forma	ation						

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Carol D. Couch Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	haz	ardous material, pollutant, contaminant,	or similar term.		,	·			
Rep	ort a	all notices, releases, and proceedings that	at you know about, regardless of when	the	y occurred.				
24.	Has	s any governmental unit notified you that	you may be liable or potentially liable	und	ler or in violation of an environme	ental law?			
		No							
		Yes. Fill in the details.							
		me of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	ı	Environmental law, if you know it	Date of notice			
25.	Hav	ve you notified any governmental unit of	any release of hazardous material?						
		■ No □ Yes. Fill in the details.							
		me of site Idress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	ı	Environmental law, if you know it	Date of notice			
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						and orders.			
	■ No								
		Yes. Fill in the details.			2				
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)			Status of the case			
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
27.	Wit	hin 4 years before you filed for bankrupt	cv. did vou own a business or have an	v of	the following connections to any	business?			
		☐ A sole proprietor or self-employed in		•					
		☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	p (L	LP)				
		☐ A partner in a partnership							
		☐ An officer, director, or managing exc	ecutive of a corporation						
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation						
		No. None of the above applies. Go to F	art 12.						
		Yes. Check all that apply above and fill	in the details below for each business						
		siness Name	Describe the nature of the business		Employer Identification number				
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security	number or ITIN.			
28.		hin 2 years before you filed for bankrupt	cy, did you give a financial statement t	o an	Dates business existed nyone about your business? Inclu	de all financial			
	ins	titutions, creditors, or other parties.							
		No Yes. Fill in the details below.							
	Name Date Issued								
	Ad	dress mber, Street, City, State and ZIP Code)							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Carol D. Couch Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Carol D. Couch Signature of Debtor 2 Carol D. Couch Signature of Debtor 1 Date Date May 23, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

United States Bankruptcy Court Eastern District of Michigan

In re	Carol D. Couch		Case No.	
		Debtor(s)	Chapter	13

STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

- 1. The undersigned is the attorney for the Debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]
 - [X] FLAT FEE

 - [] RETAINER

 - B. The undersigned shall bill against the retainer at an hourly rate of \$_____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.
- 4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in adversary proceedings and other contested bankruptey matters;
 - E. Reaffirmations;
 - F. Redemptions;
 - G. Other:

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

H. Consistent with the 2016(b) statement and the debtor's retainer agreement with Jack Berman & Associates, P.C., IF AT THE TIME OF CONFIRMATION, DEBTOR'S ATTORNEY FEES AND COSTS EXCEED \$2,700.00, DEBTOR'S ATTORNEY SHALL FILE A FEE APPLICATION. IF THE ORDER CONFIRMING PLAN PROVIDES FOR THE FILING OF ATTORNEY FEES BY APPLICATION, THEN FOR 30 DAYS FOLLOWING THE ENTRY OF THE ORDER CONFIRMING PLAN, THE TRUSTEE SHALL HOLD FROM DISTRIBUTION THE SUM OF \$2,700.00 AS A FUND FOR THE PAYMENT OF THE ATTORNEY FEES AND COSTS THAT SHALL BE DETERMINED BY THE COURT PURSUANT TO 11 U.S.C. § 330 and LBR 2016-1(a) (1 through 17) (EDM).

IF THIS CASE IS DISMISSED PRIOR TO CONFIRMATION A FEE APPLICATION WILL BE FILED, BASED UPON THE CURRENT HOURLY RATE PROVIDED FOR IN THIS STATEMENT, AS REQUIRED UNDER THE LOCAL BANKRUPTCY RULES.

IF NO APPLICATION HAS BEEN FILED WITHIN THIS 30 DAY PERIOD, THE RESERVED FUNDS WILL BE RELEASED FOR DISTRIBUTION TO CREDITORS. IF a fee application is timely filed, the Trustee shall continue to withhold the above-indicated sum until and order resolving the fee application has been entered with the court. At that time, the Trustee shall distribute the withheld funds according to the terms of the plan and order granting/denying fees.

5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; shall be billed at the rate of \$250.00 per hour, or such hourly rate as the attorney may charge at the times of services rendered. Attorney is entitled to require a retainer, in an amount to be set by the attorney to be engaged for any of the previously enumerated services. Attorney is not obligated to accept an engagement.

Post-Confirmation Representation. (If necessary shall be billed at the rate of \$200.00 per hour or such hourly rate as the attorney may charge at the times of services rendered).

6.	The source of payments to the undersigned was from: A. XX Debtor(s)' earnings, wages, compensation for services performed B. Other (describe, including the identity of payor)				
7.	The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:				
Dated:	May 23, 2017	/s/ JACK BERMAN			
		Attorney for the Debtor(s) JACK BERMAN Berman & Bishop, PLLC 24405 Gratiot Eastpointe, MI 48021 (586) 775-0600 (Bishop) (586) or 779-6000 (Berman) bermanbishop@gmail.com or JackBerman72@gmail.com			
Agreed:					
	Carol D. Couch Debtor	Debtor			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the Means Test, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Carol D. Couch		Case No.				
		Debtor(s)	Chapter	13			
VERIFICATION OF CREDITOR MATRIX							
Γhe ab	ove-named Debtor hereby verifie	es that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.			
Date:	May 23, 2017	/s/ Carol D. Couch					
		Carol D. Couch					
		Signature of Debtor					

US Trustee 211 W. Fort Street Suite #700 Detroit, MI 48226

Alliance Catholic Credit Union 9300 Cooper Street Taylor, MI 48180

Ally Attn: Bankruptcy Dept. P.O. Box 130424 Saint Paul, MN 55113-0004

American Express P.O. Box 981535 El Paso, TX 79998-1535

Attorney General of the State of Michiga Collections & Tax Enforcement Div. 3030 W. Grand Blvd., #10-200 Detroit, MI 48202

Best Buy Credit Services Attn: Bankruptcy Dept. P.O. Box 790441 Saint Louis, MO 63179

Botsford Anesthesiologist P.O. Box 64000 DWR 641581 Detroit, MI 48264-0001

Capital One Attn: Bankruptcy Dept. P.O. Box 5155 Norcross, GA 30091

Capital One Attn: Customer Service P.O. Box 5253 Carol Stream, IL 60197

Capital One P.O. Box 30287 Salt Lake City, UT 84130-0287 Chase Attn: Bankruptcy Dept. P.O. Box 15299 Wilmington, DE 19850-5299

Chrysler Capital Attn: Bankruptcy Dept. P.O. Box 660335 Dallas, TX 75266-0335

City Of Detroit Revunue Collections Unit 2 Woodward Avenue, Suite 105 Detroit, MI 48226

Department Stores National Bank / Macy's Bankruptcy Processing P.O. Box 8053 Mason, OH 45040

GM Financial Attn: Bankruptcy Dept. P.O. Box 183853 Arlington, TX 76096

Home Depot Credit Services P.O. Box 6405 Sioux Falls, SD 57117-6405

IC System Inc P.O. Box 64378 Saint Paul, MN 55164-0886

IRS Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101

JC Penneys/Synchrony Bank PO Box 965060 Orlando, FL 32896-5060

Julia C. Pidgeon Assistant U.S. Attorney 211 W. Fort Street, Ste. #2001 Detroit, MI 48226-3211 K. Jordan
Customer Service
913 First Avenue
Chippewa Falls, WI 54729

Kohl's Attn: Bankruptcy Dept. P.O. Box 3043 Milwaukee, WI 53201-3043

Liberty Lending P.O. Box 1000 Wilmington, OH 45177

Liberty Medical Supply Company PO Box 404991 Atlanta, GA 30384-4991

Macy's Attn: Bankruptcy Dept. P.O. Box 8053 Mason, OH 45040

Michael D. Rebock DO PC 28080 Grand River, Suite 208 North Farmington Hills, MI 48336

Michigan Department of Treasury Bankruptcy Unit P.O. Box 30199 Lansing, MI 48909

Michigan Guaranty Agency P.O. Box 30047 Lansing, MI 48909

Midland Mortgage Company Customer Service Dept. P.O. Box 26648 Oklahoma City, OK 73126

One Main Financial Hampton Plaza 1289 N. Telegraph Rd. Monroe, MI 48162-3368 One Main Financial Services c/o Robert M. Weiss Attorney 280 N. Old Woodward Birmingham, MI 48009

Progressive Health Care, P.C. 29911 Six Mile Rd. Livonia, MI 48152

Quest Diagnostic 4444 Giddings Road Billing Department - 60 Auburn Hills, MI 48326

Quest diagnostics PO Box 740020 Cincinnati, OH 45274-0020

Sam's Club/Synchrony Bank PO Box 530942 Atlanta, GA 30353-0942

Small Business Administration Mark T. Siophiea, Asst. Dist. Counsel 515 McNamara Bldg. Detroit, MI 48226-2573

State of MI Dept. of Treasury Collections Division P.O. Box 30199 Lansing, MI 48909

Stoneberry P.O. Box 2820 Monroe, WI 53566-8020

Synchrony Bank / Art Van Attn: Bankruptcy Dept P.O. Box 960061 Orlando, FL 32896-0061

Target Card Services
Attn: Bankruptcy Dept.
P.O. Box 1581
Minneapolis, MN 55440-1581

Tate & Kirlin Associates 2810 Southampton Road Philadelphia, PA 19154

U.S. Small Business Administration 801 Tom Martin Drive, Suite 120 Birmingham, AL 35211

Walmart Mastercard/Syncb PO Box 960024 Orlando, FL 32896-0024